

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Long-Term Support Administration PO Box 45600, Olympia, WA 98504-5600

September 9, 2016

CERTIFIED MAIL 7007 1490 0003 4196 5394

Administrator Brookdale Courtyard Puyallup 4610 6th Street Place SE Puyallup, WA 98374

Assisted Living Facility License #2366 Licensee: Emeritus Corporation

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On August 24, 2016 the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as **Brookdale Courtyard Puyallup**, located at **4610** 6th **Street Place SE**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **August 24, 2016.**

WAC 388-78A-2450(2)(i)(ii) - Staff

The facility failed to develop an effective plan to ensure staff received communication for the change for one resident's condition.

WAC 388-78A-2600(2)(d) - Policies and procedures

The facility failed to implement policy and procedure for e resident without respirations.

WAC 388-78A-2700(2)(c)(i)(ii)(iii) - Safety measures and disaster preparedness

The facility failed to fully investigate an incident resulting in harm to one resident.

NOTE: These/This is/are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

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The department has determined that the following conditions shall be placed on your assisted living facility license:

The licensee/Administrator will review all policies and procedures related to:

- Cardiopulmonary resuscitation;
- Emergent response training;
- Staff communication for residents with condition changes requiring additional over-sight

The licensee will train all staff, existing and new hires, on the above policies and procedures to ensure consistent implementation for resident safety and well-being.

The licensee will review the July 2011 Boarding Home Guidebook and train qualified staff on process to complete thorough investigations to rule out possible abuse and neglect of vulnerable adults.

• The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.

The effective date of the conditions on your license is **September 9, 2016**. As provided in RCW 78.20.125(2), WAC 388-78A-3220, the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Lisa Cramer Region 3, Unit B P.O. Box 98907 Lakewood, WA 98496

Phone: (253) 983-3826 / Fax: (253) 589-7240

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Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. All IDR requests must be in writing and include:

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager Residential Care Services PO Box 45600 Olympia, Washington 98504-5600 Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions on the license. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your written request to:

Office of Administrative Hearings PO Box 42489 Olympia, Washington 98504-2489 Administrator Brookdale Courtyard Puyallup License #2366 September 9, 2016 Page 4

If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,

Dina Longen-Grimes, RN, MSN

Compliance Specialist Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit B

RCS Regional Administrator, Region 3 HCS Regional Administrator, Region 3 DDA Regional Administrator, Region 3

WA LTC Ombuds HQ Central Files

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